

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR PRESCILIANO		OFFICE USE ONLY
	NICKNAME LAST SUFFIX ORTEGA JR		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11628 LAURA MARIE EL PASO, TX 79936		Date Received
	AREA CODE PHONE NUMBER EXTENSION (915) 778-2424		Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1932 PREVIEW PLACE EL PASO TX 79936		Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR ALAN E		Date Processed
	NICKNAME LAST SUFFIX SIMPSON		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	AREA CODE PHONE NUMBER EXTENSION (915) 591-1848		CITY CLERK DEPT. 06 JUN 17 11:54
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1932 PREVIEW PLACE EL PASO TX 79936		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 2005 12 / 31 / 2005		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special / /		
12 OFFICE	OFFICE HELD (if any) CITY REP. DISTRICT 5		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box; Apt / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME PRESI ORTEGA CAMPAIGN **16 ACCOUNT # (Ethics Commission filers)**

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

CITY CLERK DEPT.
06 JAN 17 AM 11:54

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 500.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 1,600

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 15,039.72

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PRESILIANO ORTEGA, this the 17th day of January, 20 06, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

MARIA G. RICHMAN
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME PRESI ORTEGA

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/22/05

5 Full name of contributor S & B PAC ☐ out-of-state PAC (ID#)

6 Contributor address; City; State; Zip Code

P.O. BOX 266245, HOUSTON, TX 77207

7 Amount of contribution (\$) 250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 10/24/05

Full name of contributor Wells Fargo PAC ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

16414 San Pedro, Ste 800 San Antonio TX 78232

Amount of contribution (\$) 250⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

PROSI ORTEGA

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/28/05

5 Payee name

ALAN SIMPSON

6 Payee address; City; State; Zip Code

1932 PREVIEW PLACE, EL PASO TX 79936

7 Amount (\$)

810

8 Purpose of payment (See instructions regarding type of information required.)

Payment to Election Day Poll WORKERS

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

9/19/05

Payee name

JUDGE M. SUE KURITA CAMPAIGN

Payee address; City; State; Zip Code

1932 Preview, EL PASO TX 79936

Amount (\$)

250

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN CONTRIBUTION

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

8-26-05

Payee name

Channel Z6 Fund-raiser

Payee address; City; State; Zip Code

5426 N. MESA EL PASO, TX 79912

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required.)

CHARITY

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

Date

9/6/05

Payee name

HOUSE OF HOPE

Payee address; City; State; Zip Code

619 ARIZONA AVE. EL PASO, TX 79902

Amount (\$)

200⁰⁰

Purpose of payment (See instructions regarding type of information required.)

CHARITY

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Peesi ORTEGA

3 ACCOUNT # (Ethics Commission filers)**4** Date

9/7/05

5 Payee name

RITA SAEINANA CAMPAIGN

6 Payee address;

City, State, Zip Code

7532 PARRAL DR. EL PASO, TX 79915

7 Amount (\$)250⁰⁰**8** Purpose of payment (See instructions regarding type of information required.)

Political CONTRIBUTION

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

9/10/05

Payee name

AVILA'S RESTAURANT

Payee address;

City, State, Zip Code

10600 MONTANA, EL PASO TX 79935

Amount (\$)

40⁰⁰

Purpose of payment (See instructions regarding type of information required.)

COMMUNITY BREAKFAST MEETING

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address;

City, State, Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address;

City, State, Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



Presi Ortega Campaign

1/14/2006

Date	Num	Transaction	Payment	C	Deposit	Balance
7/28/2005	1018	Alan Simpson cat: Grassroots memo: Election Day Workers	810.00			15,329.72
9/19/2005	1019	Judge M. Sue Kurita Campaign cat: Political Contribution	250.00	c		15,079.72
10/7/2005	1020	Presi Ortega SPLIT Donation	540.00	c		14,539.72
		Donation	50.00			
		Ch. 26				
		Donation	200.00			
		House of Hope				
		Food	40.00			
		Avila's - Breakfast Mtgs				
		Political Contribution	250.00			
		Rita Sarinana Campaign				
10/21/2005	DEP	Deposit		c	250.00	14,789.72
		cat: Campaign Contribution				
		memo: S & B PAC				
10/24/2005	DEP	Deposit		c	250.00	15,039.72
		cat: Campaign Contribution				
		memo: Wells Fargo PAC				

06 JAN 17 AM 11:55
CITY CLERK DEPT.